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CERTIFICATION OF FACSIMILE TRANSMISSION:
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Date of Transmission: 02/08/2005

Name of Person Making Transmission: Carol
RiedingerSignature: *Carol Riedinger*

DOCUMENT(S) FAXED: (MARKED WITH X)

PAGES ATTACHED 10

Re Applic of	James S. Chester
Docket No.	FIS920000314
Serial No.	09/760,979
Filing Date	01/16/2001
Attorney	Jay H. Anderson

Attached: AMENDMENT**PLEASE DELIVER TO:**

EXAMINER: Kevin T. Bates

ART UNIT: 2172

PHONE NO: 703-305-7859


FAX NO: 703-872-9306

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL
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**INTERNATIONAL BUSINESS
MACHINES CORPORATION**

Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531

Fax: 845-892-6363
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS920000314	
Applicant(s): James S. Chester						
Application No. 09/760,979	Filing Date 01/16/2001	Examiner Kevin T. Bates	Customer No. 32074	Group Art Unit 2172	Confirmation No. 6038	
Invention: BUSINESS-TO-BUSINESS SERVICE PROVIDER SYSTEM FOR INTRANET AND INTERNET APPLICATIONS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24	31	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Jay H. Anderson Registration No. 38,371 Telephone No. 845-894-3667 Fax No. 845-892-6363			Dated: <i>8 February 2005</i>			
CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: <i>2/8/05</i> Name of Person <i>CAROL RIEDINGER</i> Making Transmission: Signature: <i>Carol Riedinger</i>						
cc:						

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
TRANSMITTED BY FACSIMILE TO THE UNITED STATES PATENT
AND TRADEMARK OFFICE ON: February 8, 2005
Name of Person Making Transmission: CAROL RIEDINGER
Signature: *Carol Riedinger*
Date of Signature: 2/5/05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
James S. Chester

Examiner: Kevin T. Bates

Application No.: 09/760,979

Group Art Unit: 2172

Filed: January 16, 2001

For: BUSINESS-TO-BUSINESS
SERVICE PROVIDER SYSTEM
FOR INTRANET AND INTERNET
APPLICATIONS

Date: February 7, 2005

REPLY AND AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the Office Action dated November 10, 2004, please amend the above-identified application as follows:

FIS9-2000-0314-US1

-1-

Appln. No. 09/760,979